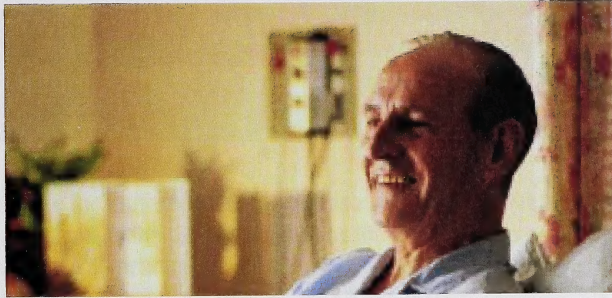


AL11715  
C-2

# Alberta Cancer Board



Patient Care

Research




Prevention

2005 06

## Business Plan



Alberta Cancer  
Board



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# Our Vision: Cancer free future

The ACB works to achieve its vision, cancer free future, by exploring innovation, using leadership and adhering to fiscal responsibility with the public funds entrusted to it. Our organization is committed to compassion, high ethical and scientific standards, and national/international collaboration in the effort to conquer cancer.

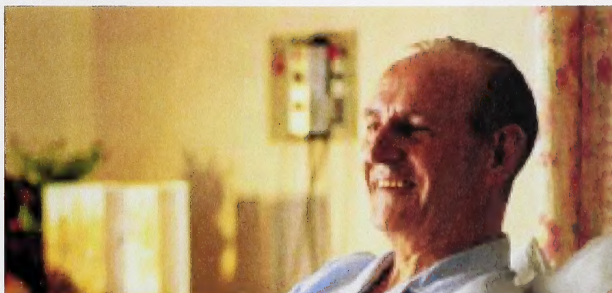
## Our Mission:

Reduce the burden of cancer through a strong research program integrated with prevention, screening, diagnosis, treatment, palliation and education.

“Cancer burden” refers to the total impact of the disease on society. It refers to the prevalence (number of cases) of the disease, as well as the morbidity (degree of illness experienced), mortality, and sometimes includes the indirect personal and economic impact on patients and their families. We seek to reduce this burden; however it is measured, through the integration of research and evidenced based practice across the range of cancers.

## Our Challenge:

The lifetime risk of cancer is going up. Projections show incidence (new cancer cases) is rising quickly; however, the proportion of cancer patients living with cancer and requiring continuous treatment from ACB is rising even faster.

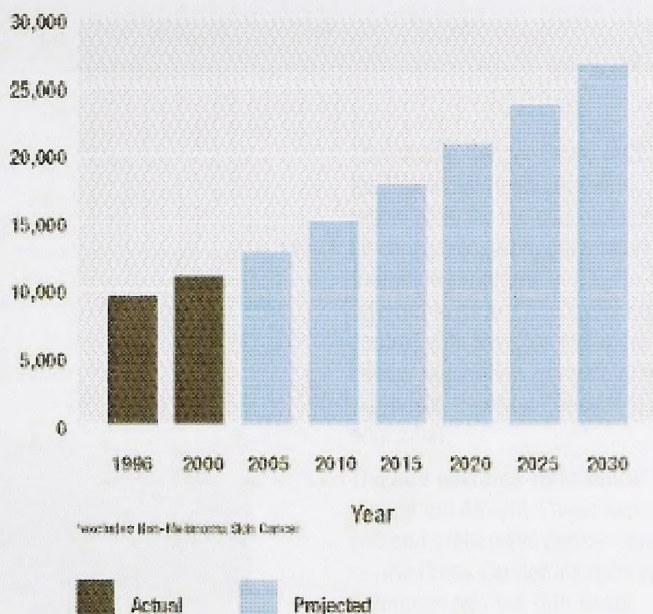






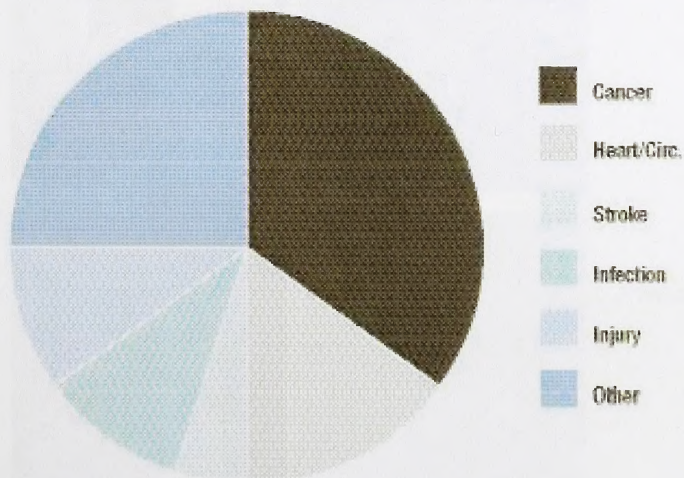
## Actual and Projected Cancer\* Incidence

Number of New  
Cancer Cases



Among people aged 35 to 64, the most productive years of their lives, cancer is the number one killer. Cancer kills more people in Alberta than heart disease, stroke, unintentional injury/accidents and infectious diseases combined.

## Cause of Death, Albertans aged 35-64



Cancer is rapidly becoming a chronic disease.

A consistent, evidence-based approach to change risk behaviors could conservatively prevent 5,000 cases of cancer per year by 2020 if implemented now. It would also have positive impacts on heart disease and diabetes.

Broad societal action to slow this alarming trend is required now to lessen the burden for future generations.





# Meeting the challenge:

The Alberta Cancer Board (ACB) is the Provincial Health Authority responsible for the coordination of all cancer research, prevention and treatment programs in Alberta. It is referred to as an “academic health centre” with services including cancer prevention, early detection, diagnosis, treatment, research and education.

The ACB operates 18 facilities throughout Alberta. These include two comprehensive cancer centres — the Cross Cancer Institute in Edmonton and the Tom Baker Cancer Centre in Calgary. In addition, the ACB also operates four Associate

Cancer Centres in regional hospitals, the Holy Cross site in Calgary and 11 Community Cancer Centres across rural Alberta (see map of current locations of ACB facilities).

As ACB's tertiary sites, the Cross Cancer Institute and the Tom Baker Cancer Centre provide highly specialized diagnostic and clinical services, and through their grounding in education and research ensure patients' access to the latest cancer therapies and clinical trials.

In an effort to bring cancer services closer to home, the ACB's extensive community cancer network of 16 clinics throughout the province enables many patients to receive cancer care in their home communities — from initial diagnosis to select treatment procedures and follow-up care.

These facilities are fully integrated through a computerized system — the Integrated Cancer Care Network (ICCN) — recognized as the most comprehensive integrated electronic medical record system in Canada.

## Cancer by the Numbers

# 102,841

the number of radiotherapy

treatments provided to Albertans



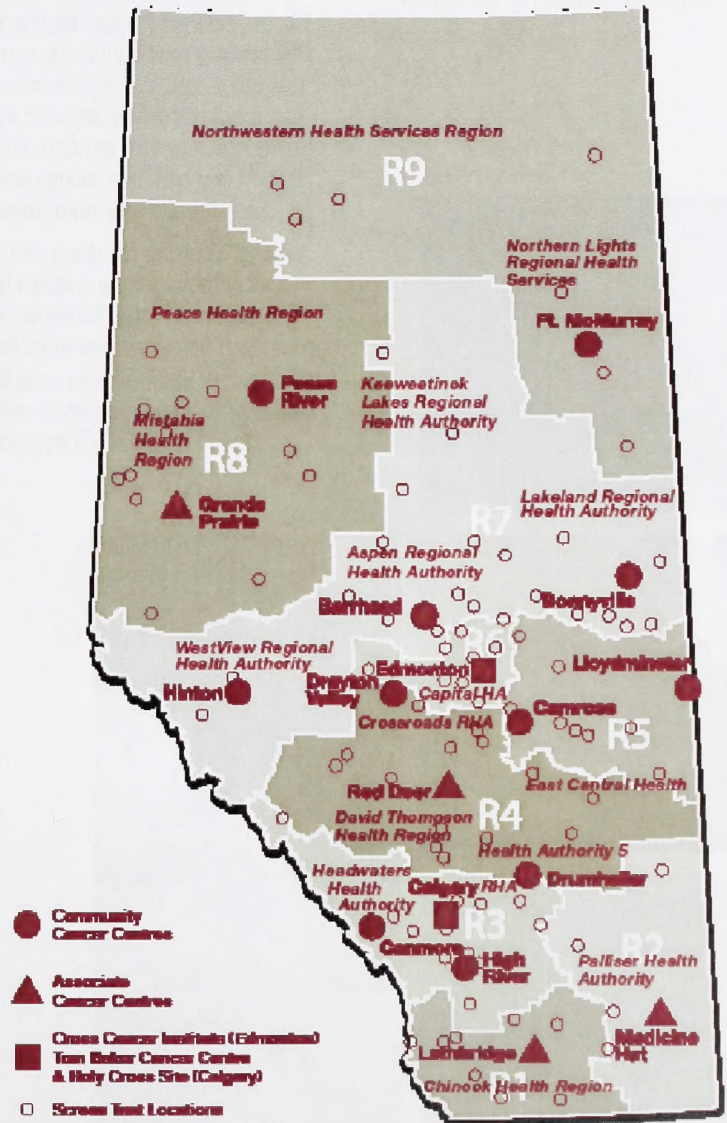




Diagnosing cancer early is essential. The Alberta Program for the Early Detection of Breast Cancer offers mammography screening services through more than 100 cities and towns across Alberta, including fixed sites in Edmonton and Calgary. This program — with cancer detection rates that consistently meet or exceed international standards for quality control — reaches over 20,000 Alberta women through its outreach efforts every year.

The Alberta Cancer Board also operates the Alberta Breast Cancer Screening Program that encourages women 50 to 69 years old, the age group most at risk for breast cancer, to receive a mammogram every two years. The program sends letters to women encouraging them to go for screening and will track women who have been screened, their results and any treatment they have received. Researchers will use program information to track breast cancer diagnoses and treatment effectiveness.

In addition, the ACB also coordinates the implementation of Alberta's Cervical Cancer Screening and Breast Cancer Screening Programs and is planning and delivering other cancer prevention programs.







Cancer by the Numbers

80,005

The number of chemotherapy treatments provided to Albertans

ACB prevention programs are provided to Albertans through collaborative relationships with regional health authorities.

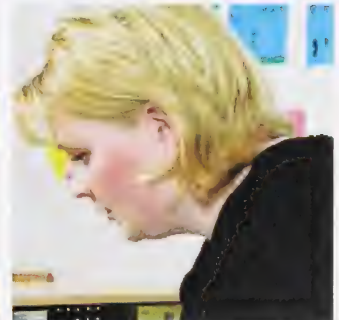
Every ACB cancer centre strives to provide compassionate care and to support individuals experiencing cancer and their families. The ACB's provincial network of cancer centres gives Albertans access to some of the best cancer research, prevention, treatment and care available across the nation.

The Alberta Cancer Board is tasked with managing access to a broad range of specialized cancer care and treatment options across health region boundaries. We must also serve the rising needs of a larger patient load and the demands of a better informed patient.

This increasingly complex combination requires ever more careful allocation of resources and evidence-based decision-making to develop prevention strategies and treatment options. Our efforts are targeted towards meeting the treatment requirements and reversing the rising cancer trends.

We will document our progress in our annual report to ensure we remain accountable to government, our stakeholders, our patients and their families, and show them our contribution to research and science in the cancer field and our work toward improving our services.

We also pledge to provide a dynamic and exciting environment where cancer investigators and cancer care team members can train, work and grow professionally to contribute to the advancement of knowledge to reduce the burden of cancer.



Cancer by the Numbers

25,294

The number of returning patients

seen at ACB facilities in 2003





Alberta Cancer Board

2005/06

Multi-Year Performance  
Agreement 2005-06







# Notes





# Multi-Year Performance Agreement – 2005-2006

For the second time the ACB has entered into a two-year Multi-Year Performance Agreement (MYPA) with the Minister of Alberta Health and Wellness (see schedule B of the MYPA on page 16). The first Agreement covered the years 2003-2005. The current Agreement is for 2005-2007. The ACB is the only organization providing health services in Alberta to have signed such an Agreement.

The MYPA is intended to enhance accountability and measure performance. The document is a reciprocal agreement between the Minister and the ACB: outlining the obligations and expectations of each party within available known resources.

In basic terms, the Agreement provides the benchmarks against which the ACB will measure how effectively it has fulfilled its responsibilities. Equally important is that the Agreement provides ACB with specific information on support it can expect from the Ministry.

The MYPA is a results oriented document. The results are closely aligned to Business Plan goals and actions. For each Business Plan goal we have identified key results of our actions in the 2005-06 year.



# Goal 1:

Effective delivery of quality cancer programs and services.

## ***Priority — patient access***

**Reduce wait times for cancer diagnosis and treatment.**

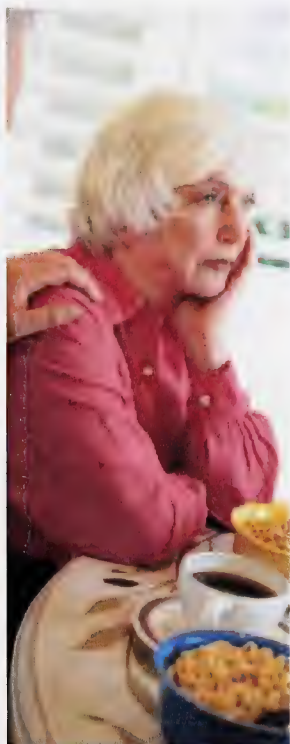
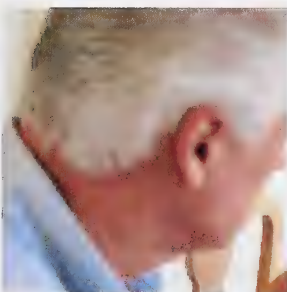
**Consult and collaborate with community and inter-provincial partners to implement and coordinate cancer services.**

**Improve availability and access to full spectrum of cancer services as appropriate across the province.**

Cancer by the Numbers

25

the percentage increase of  
cancer cases over the last five years



## Action

- Extend hours of operations for oncologic imaging, medical daycare and radiation therapy.
- Examine the flow of patients to streamline service delivery.
- Develop a provincial patient navigation plan.
- Continue implementation of the Pallium initiative — a collaborative project for primary care practitioner education in palliative care.
- Continue to assist Regional Health Authorities in planning and developing enhanced hospice palliative care programs to improve access for patients in their own communities.
- Phase in the implementation of the Comprehensive Breast Cancer Program, in collaboration with Capital Health Authority and other stakeholders.
- Participate in the implementation (in collaboration with the Calgary Health Region and other stakeholders) of the Regional Breast Health Program at the Grace Hospital in Calgary, incorporating the Foothills Medical Centre and the Tom Baker Cancer Centre.
- Implement PET clinical imaging at the Cross Cancer Institute and assist Calgary and Capital Health Authorities in establishment of such services through sponsorship of clinical trials and provision of radioisotopes.
- Implement enhanced thyroid treatment program at the CCI
- Deliver home therapy services, where feasible.





## ***Priority — improving quality of care***

**Enhance evidence-based decision-making in the development and delivery of services and programs.**

**Improve cancer surgery coordination and practice.**

**Positive feedback from patients rating quality of services and satisfaction with services.**

**Effective response to all patient complaints and concerns.**

**Enhance provincial management of quality assurance and quality improvement activities.**

### **Action**

- Use the Integrated Cancer Care Network (ICCN) clinical data repository for evidence-based clinical and administrative decision-making.
- Expand the implementation of the Alberta Surgical Oncology program.
- Continue the development, implementation and evaluation of clinical practice guidelines for treatment and diagnostic services at the provincial level.
- Continue to work towards full integration of the processes for establishing clinical practice guidelines and funding for new cancer drugs.
- Utilize data from ICCN to evaluate treatment implementation and toxicity of new drugs, and to allow tumour groups to examine practice patterns.
- Continue the annual patient feedback and experience survey
- Conduct staff satisfaction survey.
- Improve the system for provincial reporting on patient incidents.
- Enhance the participation of the Associate Cancer Centres in the development of treatment plans for patients.

## ***Priority — planning for tomorrow's care***

**Adequate ACB facilities for patient care.**

**Programs and services are available closer to patient's homes.**

### **Action**

- Enhance clinical space in the short term to continue to respond to increasing demands for cancer services.
- Complete functional program planning for the redevelopment of the Cross Cancer Institute and for the replacement facility for the Tom Baker Centre.
- Facilitate regional health authority cancer control planning in accordance with the "Alberta Cancer Control Action Plan"
- Develop province-wide educational opportunities for health care providers and patients.
- Enhance patients' access from their communities to ACB psychosocial resources in partnership with Mental Health Board and utilizing telehealth technology.
- Examine the feasibility of providing home chemotherapy services.

Cancer by the Numbers

**13,405**

(the number of new patients

awaiting ACB facilities in Alberta)





## Performance Measures

1. For 90 per cent of patients, achieve target wait times of four weeks from referral to consultation with an oncologist and two weeks from consultation to treatment for all tumor groups, where medically appropriate (MYPA 1.1 and 1.2).
2. 95 per cent of patients rate quality of services as satisfactory or better (MYPA 1.3)
3. 100 per cent of patient complaints/concerns responded to within 3 working days (MYPA 1.3).
4. Progress towards the development of clinical practice guidelines by Tumour Group. For specific tumor groups and marker conditions (i.e. stage of cancer) targets for managing patients according to guidelines are identified. A methodology is developed to monitor use of guidelines (MYPA 1.2).
5. A pilot project to codify treatment outcome data in the ICCN clinical data repository is implemented for several specific cancer types. The efficacy of using the data to support evidence based decisions and utilization of new drugs is assessed (MYPA 1.2 and 4.3).
6. Functional program planning for Cross Cancer Institute and Tom Baker Centre facilities completed.
- 7 Enhance clinical capacity of existing workforce by formalizing the education curriculum for Advanced Nurse Practitioners (ANP) specializing in acute oncology care, supporting oncology nurses in the ANP Training and integrating the ANP role as a member of the multi-disciplinary oncology workforce (MYPA 4.5).
8. Feasibility study for Home Chemotherapy Services completed and if appropriate, a pilot project for delivery designed (MYPA 1.1).
9. The Surgical Medical Record, the technical platform for the Alberta Surgical Oncology Program, and best practices templates deployed to three regions — Chinook, Palliser and David Thompson Heath Region (MYPA 2.1).
10. Number of sites and volume of use of telemedicine activity increased from 2004-05 year. (MYPA 1.4).





## Goal 2:

Healthy Albertans through provision of effective strategies for health promotion, prevention, early detection and screening.

### ***Priority — provincial screening programs***

**Coordinate and operate the Alberta Cervical Cancer and Alberta Breast Cancer Screening Programs.**

**Lead development of additional provincial cancer screening programs.**

#### **Action**

- Implement the Alberta Cervical Screening Program province-wide, as quickly as is feasible based on regional laboratory capability.
- Develop provincial expert consensus on a provincial colorectal cancer screening program. Based on these recommendations, assess the feasibility of delivery of such a program.
- Develop information system and processes to implement the Alberta Breast Cancer Screening program.

### ***Priority — reduce future morbidity and mortality (from cancer and other chronic diseases) while improving wellness through primary prevention and health education***

**Provide leadership to coordinate cancer prevention programs within the mandate of the Cancer Programs Act and according to the framework for a Healthy Alberta.**

**Create programs, policies and environments that support healthy lifestyle choices for prevention of major chronic illnesses through collaboration with stakeholders.**

**Develop intersectoral partnerships to implement programs and initiatives that address the underlying determinants of health.**

**Conduct relevant surveillance, evaluation and research programs to build knowledge in best practices.**

**Communicate accurate, timely and relevant information about cancer prevention.**

#### **Action**

- Implement ten-year plan setting out the key directions, objectives and targets for prevention activities including enhanced surveillance and science based planning and evaluation of provincial prevention initiatives.
- Increase collaborations with health authorities to implement programs and initiatives that address the underlying determinants of health.

Canada by the Numbers

**5,500**

The number of Albertans that

will die as a result of cancer





## Performance Measures

1. The Alberta Cervical Screening Program implemented in majority of the province (MYPA 1.4).
2. An information system and process to implement the Alberta Breast Cancer Screening Program developed (MYPA 1.4).
3. A consensus approach to colorectal screening in Alberta established (MYPA 1.4).
4. The first module of the 10 year plan for a comprehensive cancer prevention program is implemented by continuing to enhance ability to provide best practices information and provide science based program planning and evaluation support to health authorities and others engaged in chronic disease prevention activities (MYPA 2.1).
5. Progress on the six strategies of the Alberta Healthy Living Network Framework, and on the Outcomes in the Framework for a Healthy Alberta (MYPA 2.1).
6. Inter-sectoral partnerships and collaborations that can be shown to benefit the health system generally (MYPA 1.5 and 2.2).

Cancer by the Numbers

1,500

the number of ACR physicians

PHYSICIANS, RESIDENTS AND FELLOWS

technicians, and other-





## Goal 3:

Support cancer control in Alberta through high quality cancer research.

***Priority — coordinate cancer research in Alberta to generate the best possible improvement and progress in cancer research with the most effective utilization of resources***

Promote research collaboration across Alberta.

Enhance capacity and quality of the full spectrum of cancer research (discovery research in cancer biology; translational research; clinical research; population-based research; palliative care research and supportive care research).

### Action

- Continue development of the virtual Alberta Cancer Research Institute
- Increase the volume and impact of clinical research programs through effective coordination of investigator-initiated, cooperative group and industry-sponsored clinical trials and clinical research contracts.
- Promote translational research — expand programs, develop training opportunities and recruit new trainees, and improve integration between clinical and translational research activities to support collaboration.
- Continue active participation in research collaborations at provincial, national and international levels through initiatives such as the continued development of a Canadian Breast Cancer Foundation - Alberta/Northwest Territories Chapter Alberta Research Tumor Bank and a provincial population based cohort (Tomorrow project).
- Establish health services research initiatives with the Alberta Institute of Health Economics.

### Performance Measures

1. Governance structure for the Virtual Cancer Research Institute.
2. Protocols for health services research initiative with the Institute of Health Economics developed and approved.
3. Clinical trials activity increased (e.g. proportion of patients registered in clinical trials).
4. Progress towards customization of care and treatment to individual patients.
5. Enhanced treatment systems as a result of research activity.

Cancer by the Numbers

200

the different types of cancer





## Goal 4:

Financial health and organizational effectiveness.

### ***Priority — enhancing human resources and financial management***

Utilize staff skills appropriately.

Enhance staff working environment.

ACB and health authorities collaborate on staff recruitment and retention.

Programs and services align with available resources.

#### **Action**

- Examine the role of individual staff and teams in the delivery of services.
- Establish performance management system
- Identify resources required to meet service demands and program initiatives.
- Identify services and programs to be delivered within available resources.

### ***Priority — manage drug costs***

Strengthen provincial process for approval, management and evaluation of cancer drugs.

Obtain lowest possible cancer drug purchase price.

#### **Action**

- Refine drug utilization plan including process for review of drug therapies.
- Use outcome data where available in the Integrated Cancer Care Network clinical data repository to support decision-making about the utilization of new cancer drugs.
- Collaborate with other provincial cancer agencies on the approval of new drugs and purchase of cancer drugs.
- Continue to work with Alberta Health and Wellness to harmonize ACB drug management activities with the broader drug policy changes at Alberta Health and Wellness.

Cancer by the Numbers

# 41/2 months

the youngest patient treated in 2003





## Priority — information management and capital equipment

Maximize information management and technology capabilities to support the secure exchange and warehousing of timely, accurate information to support decision-making.

Implement a capital equipment enhancement and replacement strategy.

### Action

- Use data retrieval tool, developed by the ACB for the Integrated Cancer Care Network clinical data repository, for evidence based clinical and administrative decision-making.



- Develop and implement a capital enhancement and replacement strategy.
- Move to a single treatment planning system for Radiation Oncology and facilitate development of an interface between radiation oncology and medical oncology electronic records.
- Develop a Radiology Information System.
- Continue implementation of the Integrated Cancer Care Network.
- Interface with the Provincial Electronic Health Record (EHR) to support movement of cancer drug information into the Pharmacy Information Network, and viewing of lab and client registry data.
- Continue implementing international standard information security controls to support implementation of the ICCN and the EHR.

### Performance Measures

1. At least 2 tumor teams using data retrieval tool for clinical decision-making (MYPA 4.4).
2. A capital enhancement and replacement strategy in place (MYPA 4.4)
3. An information risk management process implemented (MYPA 4.4).
4. IM/IT progress/products are aligned with the provincial IM/IT plan including integration with provincial EHR and Pharmacy Information Network (MYPA 4.4).
5. Radiology Information System implemented (MYPA 4.4).
6. Lab results approval (for lab work in ACB, Calgary Health Region and Capital Health Region) as well as medication ordering and dose recording implemented in ICCN (MYPA 4.4).
7. Strategies to determine cost of services by Tumor Team developed and tools to support strategies refined (MYPA 4.2).
8. For drug management, novel therapies approval process piloted, and drug tender and purchasing practices reviewed. (MYPA 4.3).







## Goal 1:

Effective delivery of quality cancer programs and services.

Minister's Expectations of the Board	Minister's Obligations	Performance Measures
<b>1.1 Access to Services</b> The Board shall improve access and decrease wait times for selected services in co-ordination with health providers, as appropriate.	The Minister shall identify standards for access to services and provide guidelines and support for their implementation where appropriate.	<ul style="list-style-type: none"> <li>• Patient wait time between referral and consultation</li> <li>• Patient wait time between consultation and treatment</li> </ul>
<b>1.2 Quality of Services</b> The Board shall enhance quality of care to cancer patients.	The Minister shall provide guidelines on the specific dimensions of quality of health services, identify measures of safety, and provide support for specific approved initiatives.	<ul style="list-style-type: none"> <li>• Treatment outcomes</li> <li>• Clinical practice guidelines (care maps) for diagnosis, treatment and follow-up care.</li> </ul>
<b>1.4 Comprehensive Cancer Control</b> The Board shall implement strategies for comprehensive cancer control throughout Alberta, emphasizing priorities, standards and guidelines, primary prevention, screening, diagnosis, treatment, integration and access to PSRP (psychosocial, supportive, rehabilitative and palliative care) and research.	The Minister shall consider and take forward to her colleagues as advisable and make appropriate changes to legislation where necessary and establish standards.  Support inter-provincial comparisons of clinical practice guidelines  Support a strong public health system with dedicated funding and legislation for prevention priorities.	<ul style="list-style-type: none"> <li>• Number, type and provincial coverage of cancer screening programs</li> <li>• Usage of telemedicine to facilitate cancer treatment and care</li> </ul>



## Expected Results

### 2005 - 2006

- 90% of patients receive consultation within 4 weeks of referral, where medically appropriate.

- 90% of patients receive treatment within 2 weeks of consultation, where medically appropriate.

- Implement pilot project to codify treatment outcome data in ICCN Clinical Data Repository for several specific cancer types and assess the efficacy of using the data to support evidence-based treatment decisions and utilization of drugs.

- Continued progress towards the development of clinical practice guidelines by tumor group

- For select tumor groups and marker conditions (i.e. stage of cancer) identify targets for managing patients according to guidelines. Develop methodology to monitor use of guidelines.

- Alberta Cervical Screening program implemented in majority of province

- An information system and process to implement the Alberta Breast Cancer Screening program

- Development of consensus approach to colorectal cancer screening in Alberta

- Increase number of sites and volume of use over 2004-05 rates

### 2006 – 2007

- 90% of patients receive consultation within 4 weeks of referral, where medically appropriate.

- 90% of patients receive treatment within 2 weeks of consultation, where medically appropriate.

- Where appropriate, based on the results of the pilot project, set/implement targets for codifying outcome data in ICCN for additional cancer types.

- Continued progress towards the development of clinical practice guidelines by tumor group

- Pilot methodology in select tumor groups and marker conditions to monitor progress toward identified targets for guideline usage.

- Alberta Cervical Screening program implemented province-wide

- Alberta Breast Cancer Screening program implemented in the majority of the province

- Design of Provincial colorectal cancer screening program

- Increase number of sites and volume of use over 2005-06 rates





Minister's Expectations of the Board	Minister's Obligations	Performance Measures
<p><b>1.5 Partnerships</b></p> <p>The Board shall engage in innovative partnerships that benefit the health system generally and the Board in particular.</p>	<p>The Minister shall provide enabling policy and supportive frameworks to facilitate innovative partnership opportunities.</p>	<ul style="list-style-type: none"> <li>• Active partnership initiatives undertaken with benefits to health system derived</li> </ul>

## Goal 2:

Healthy Albertans through provision of effective strategies for health promotion, prevention, early detection and screening.

Minister's Expectations of the Board	Minister's Obligations	Performance Measures
<b>2.1 Wellness &amp; Healthy Living</b> The Board shall implement its ten-year plan for continuance of its prevention programs related to its mandate under the Cancer Program Act and will provide leadership in the co-ordination of cancer prevention programs according to the Framework for a Healthy Alberta.	The Minister shall support the mandate of the Board and shall provide a prevention and promotion framework for the province.  Enhance support for the Alberta Healthy Living Network	<ul style="list-style-type: none"> <li>• Implement the Alberta Healthy Living Network Framework</li> <li>• Achieve outcomes in the Framework for a Healthy Alberta</li> <li>• A 10 year plan for a comprehensive cancer prevention program</li> </ul>
<b>2.2 RHA Collaboration</b> The Board shall collaborate with RHAs to implement protocols and models to improve provision of service to cancer patients, and health promotion activities for RHA populations in the areas of cancer prevention and screening	The Minister shall provide enabling policy and supportive frameworks to facilitate collaboration with others.  The Minister shall provide support including financial support for Comprehensive Breast Cancer Centres.	<ul style="list-style-type: none"> <li>• Active collaborative initiatives undertaken and evidence that efficacy of collaborative models will be evaluated.</li> <li>• Progress on comprehensive Breast Cancer Centres</li> </ul>



### Expected Results

2005 - 2006

- Indicate which partnerships are to be pursued and expected impact to health system and ACB

2006 – 2007

- Indicate which partnerships are to be pursued and expected impact to health system and ACB
- 

### Expected Results

2005 - 2006

- Progress on the 6 strategies of the Alberta Health Living Network Framework and on the Outcomes in the Framework for a Healthy Alberta

2006 – 2007

- Progress on the 6 strategies of the Alberta Health Living Network Framework and on the Outcomes in the Framework for a Healthy Alberta
- 

- Develop the Plan

- Progress on Plan implementation
- 

- Indicate collaborations to be pursued and evaluation protocols, where developed.

- Indicate collaborations to be pursued and evaluation protocols, where developed.
- 

- Identify expected collaboration results with Capital and Calgary for Breast Cancer Centres

- Identify expected collaboration results with Capital and Calgary for Breast Cancer Centres
-





## SCHEDULE B: MYPA Performance Expectations, Measures and Expected Results

### Minister's Expectations of the Board

#### **2.3 Promotion of Best Practices**

The Board shall develop, implement and monitor use of best practices in the provision of surgical and other procedures.

### Minister's Obligations

The Minister shall review the proposals submitted by the Board and provide financial support as appropriate

### Performance Measures

- Best practices under development and implemented.
- Compliance rate with best practice guidelines

## Goal 3:

Support cancer control in Alberta through high quality cancer research.

### Minister's Expectations of the Board

#### **3.1 Service Delivery Research**

The Board shall provide leadership for the development of a province-wide integrated approach to cancer research in each of the major areas considered to be essential for making substantial progress in preventing, diagnosing and treating cancer (basic, clinical and population-based research).

### Minister's Obligations

The Minister shall support and provide provincial co-ordination that contributes to an integrated approach to cancer research.

### Performance Measures

- New areas of cancer research.
- Accomplishments in attracting researchers, securing third party research funding and implementing research partnerships.
- Accomplishments of the virtual Alberta Cancer Research Institute.



## Expected Results

2005 - 2006

- Connectivity will be established in 3 regions – Chinook, Palliser, and DTHR - to support deployment of the Surgical Medical Record (SMR) which is the technical platform for the Alberta Surgical Oncology Program

2006 – 2007

- Connectivity will be established in 6 regions to support deployment of the SMR
- Best practice templates for liver, breast and colorectal cancer surgeries complete and deployed to 3 RHAs using the SMR platform
- Best practices templates for liver, breast and colorectal surgeries complete and deployed to 6 RHAs using the SMR platform

## Expected Results

2005 - 2006

- Protocol(s) for health services research initiative with Institute of Health Economics developed and approved.

2006 – 2007

- Health Services research protocols implemented
- Progress towards customization of care and treatment to individual patients
- Progress towards customization of care and treatment to individual patients
- Evidence of enhanced treatment systems as a result of research activities
- Evidence of enhanced treatment systems as a result of research activities
- Research Chair recruitment for Allard Chair
- Research Chair recruitment for Molecular Epidemiology Chair
- Implemented research partnership in the development of a Provincial Breast Cancer Research Initiative plan.
- Implement plan/strategy for Provincial Breast Cancer Research Initiative with universities.
- Establish governance structure for the Virtual Cancer Research Institute
- Recruit Director for Virtual Cancer Research Institute





## SCHEDULE B: MYPA Performance Expectations, Measures and Expected Results

### Goal 4:

Financial health and organizational effectiveness.

Minister's Expectations of the Board	Minister's Obligations	Performance Measures
<b>4.1 Governance</b> The Board shall carry out its governance role effectively and shall annually self-assess and report to the Minister on its performance, including its process for evaluating the performance of the Board's Chief Executive Officer, in a form satisfactory to the Minister.	The Minister shall provide the Board with a governance assessment tool.	Board self-assessment report  <hr/> Strategies to improve governance.
<b>4.2 Cost of Service</b> The Board shall provide to the Minister, in a form satisfactory to her, information relating to activities and cost of its services as part of its audited financial statements.	The Minister shall provide leadership, support, provincial co-ordination, and establish financial reporting requirements.	Reporting requirements.  <hr/> Initiatives approved to improve cost of service information and reporting
<b>4.3 Drug Management</b> The Board shall ensure an effective process for review and selection of cancer drugs and shall manage drug purchases and administration to optimize cost value and drug therapy effectiveness.	The Minister shall support approved drug management strategies.	Drug List  <hr/> Cost of drugs  <hr/> Drug therapy effectiveness



Expected Results	
2005 - 2006	2006 – 2007
<ul style="list-style-type: none"> <li>Boards self-assessment report submitted to Minister by June 30</li> </ul>	<ul style="list-style-type: none"> <li>Board self-assessment report submitted to Minister by June 30</li> </ul>
<ul style="list-style-type: none"> <li>Description of strategies being examined and/or implemented</li> </ul>	<ul style="list-style-type: none"> <li>Strategies implemented</li> </ul>
<ul style="list-style-type: none"> <li>Full compliance with requirements under Financial Directives.</li> </ul>	<ul style="list-style-type: none"> <li>Full compliance with requirements under Financial Directives.</li> </ul>
<ul style="list-style-type: none"> <li>Development of strategies to determine cost of services by Tumour Group and refinement of tools to support strategies</li> </ul>	<ul style="list-style-type: none"> <li>Initiate a pilot project to implement strategies</li> </ul>
<ul style="list-style-type: none"> <li>Pilot a revised novel therapies approval process</li> </ul>	<ul style="list-style-type: none"> <li>Based on outcome of Pilot implement the revised novel therapies approval process</li> </ul>
<ul style="list-style-type: none"> <li>Implement recommendations of the “ACB Drug Cost Management Report – July 2004”.</li> </ul>	<ul style="list-style-type: none"> <li>To be determined, based on implementation schedule</li> </ul>
<ul style="list-style-type: none"> <li>Implement volume drug purchasing strategy and Review tender and purchasing practices.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to implement volume drug purchasing strategy and revise tender and purchasing practices based on results of review.</li> </ul>
<ul style="list-style-type: none"> <li>Support AHW involvement on the National Pharmaceuticals Strategy to contain rising drug costs.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of National Pharmaceuticals Strategy opportunities</li> </ul>
<ul style="list-style-type: none"> <li>Implement strategy to use codified treatment outcome data from ICCN Clinical Repository to support decision-making regarding drug utilization.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to refine process of using codified treatment outcome data to support decision-making regarding drug utilization.</li> </ul>





## SCHEDULE B: MYPA Performance Expectations, Measures and Expected Results

Minister's Expectations of the Board	Minister's Obligations	Performance Measures
<b>4.4 Information Technology</b> Delivery and operation of an Electronic Health Record (EHR)	The Minister shall provide health information standards, security standards and define the required architecture for the electronic health record.	IT risk management process in place
	The Minister shall provide support for the integration of Alberta Cancer Board lab and drug information to align with provincial direction on electronic health record and financial support for a capital equipment and replacement plan.	Clinical Information System (CIS) is implemented. Lab, Pharmacy and MPI Applications are integrated to EHR
		Capital equipment inventory
<b>4.5 Workforce</b> The Board shall secure and retain an adequate and appropriate supply of health care workers to meet identified health needs and to ensure workforce practices are up-to-date.	The Minister shall provide leadership, support and provincial co-ordination.	Workforce practices
	Lead development of the Provincial Health Workforce Information Network.	Clinical staffing
	The Minister shall support the legislative changes necessary to optimize clinical oncology staff utilization.	Staff productivity
		Vacancy and turnover rate
		An Alternate Relationship Plan is in place



## Expected Results

2005 - 2006

2006 – 2007

<ul style="list-style-type: none"> <li>• IT risk management process in place to deal with issues related to:               <ul style="list-style-type: none"> <li>- Security breaches</li> <li>- Data integrity</li> <li>- Response time</li> <li>- System availability</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Business Continuity Plan and Disaster Recovery Plan developed and implemented</li> </ul>
<ul style="list-style-type: none"> <li>• Progress/products are aligned with the provincial IM/IT Plan               <ul style="list-style-type: none"> <li>- Integration with provincial EHR for pharmacy information</li> <li>- Radiology Information System implemented</li> <li>- Lab results approval, medical ordering and dose recording implemented in ICCN</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Implement capital equipment enhancement and replacement plan</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to implement plan</li> </ul>
<ul style="list-style-type: none"> <li>• At least 2 tumor teams using data retrieval tool for clinical decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• At least 6 tumour teams using data retrieval tool for clinical decision-making</li> </ul>
<ul style="list-style-type: none"> <li>• Practices reflect changes in scope of practice, legislated changes in bargaining units and the impact of the Health Professions Act.</li> </ul>	<ul style="list-style-type: none"> <li>• Practices continue to reflect changes in scope of practice, legislated changes in bargaining units and the impact of the Health Professions Act.</li> </ul>
<ul style="list-style-type: none"> <li>• A clinical team staffing and training approach to optimize staff utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Review and refine the staffing and training approach</li> </ul>
<ul style="list-style-type: none"> <li>• Establish baseline data and set enhancement targets</li> </ul>	<ul style="list-style-type: none"> <li>• Targets to be established based on 2005-06 findings</li> </ul>
<ul style="list-style-type: none"> <li>• Vacancy and turnover status</li> </ul>	<ul style="list-style-type: none"> <li>• Vacancy and turnover status</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to examine the feasibility of an Alternate Relationship Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Implement an Alternate Relationship Plan if feasible and approved by all parties</li> </ul>



Alberta Cancer Board

2005/06

Financial Statements



Alberta Cancer  
Board





## 2005/2006 Health Authority Budget Estimates

	2004-05 Preliminary Actual (Unaudited)	2005-06 Budget	Net Change 2005-06 Over 2004-05 Variance Increase (Decrease)	% Net Change
<b>REVENUE</b>				
Alberta Health and Wellness contributions	194,727	244,941	50,214	25.8
Other government contributions	3,536	2,876	(660)	(18.7)
Fees and charges	5,244	5,100	(144)	(2.7)
Ancillary operations, net	734	690	(44)	(6.0)
Donations	2,539	7,562	5,023	197.8
Investment and other income	26,277	26,006	(271)	(1.0)
Amortized external capital contributions	13,260	13,451	191	1.4
<b>TOTAL REVENUE</b>	<b>246,317</b>	<b>300,626</b>	<b>54,309</b>	<b>22.0</b>
<b>EXPENSES</b>				
Facility-based inpatient acute nursing care services	13,351	13,126	(225)	(1.7)
Facility-based emergency and outpatient services	66,275	84,864	18,589	28.0
Facility-based continuing care services	-	-	-	
Ambulance services	-	-	-	
Community-based care	25,759	37,755	11,996	46.6
Home care	-	-	-	
Diagnostic and therapeutic services	56,940	68,253	11,313	19.9
Promotion, prevention and protection services	9,927	14,092	4,165	42.0
Research and education	23,624	28,891	5,267	22.3
Administration	8,124	9,115	991	12.2
Information technology	8,954	8,757	(197)	(2.2)
Support services	22,921	26,036	3,115	13.6
Amortization of facilities and improvements	4,724	4,737	13	0.3
Capital assets write down	-	-	-	
<b>TOTAL EXPENSES</b>	<b>240,599</b>	<b>295,626</b>	<b>55,027</b>	<b>22.9</b>
<b>Excess (deficiency) of revenues over expense</b>	<b>5,718</b>	<b>5,000</b>	<b>(718)</b>	<b>(12.6)</b>



## 2005/2006 Health Authority Budget Estimates

	2004-05 Preliminary Actual (Unaudited)	2005-06 Budget	Net Change 2005-06 Over 2004-05 Variance Increase (Decrease) % Net Change
Salaries and Benefits	90,170	118,542	28,372 31.5
Contracts with health service operators	-	-	-
Contracts under the Health Care Protection Act	-	-	-
Drugs and gases	55,572	75,074	19,502 35.1
Medical and surgical supplies	2,917	2,802	(115) (3.9)
-	-	-	-
Other contracted services	31,321	33,068	1,747 5.6
Interest on long term debt	-	-	-
Other (Specify significant amounts):			
1 Includes ambulance	18,280	21,959	3,679 20.1
2	13,264	13,479	215 1.6
3	5,173	5,941	768 14.8
4	12,999	11,120	(1,879) (14.5)
Amortization:			
Capital equipment – internally funded	3,094	4,006	912 29.5
Capital equipment – externally funded	8,536	8,897	361 4.2
Facilities and improvements	4,724	4,756	32 0.7
Capital assets write down – equipment	-	-	-
Capital assets write down – facilities and improvements	-	-	-
	246,050	299,644	53,594 21.8
Less: amounts reported in ancillary operations	5,451	4,018	(1,433) (26.3)
<b>TOTAL EXPENSES</b>	<b>240,599</b>	<b>295,626</b>	<b>55,027 22.9</b>
<b>Net Assets at end of year:</b>			
Accumulated surplus/(deficit)	12,414	10,793	(1,621) (13.1)
Investment In Capital Assets from internally funded sources	16,796	23,417	6,621 39.4
<b>Operating Net Assets, end of year</b>	<b>29,210</b>	<b>34,210</b>	<b>5,000 17.1</b>
<b>Total cash, investments and non-current investments are comprised of:</b>			
Externally Restricted	33,959	23,189	(10,770) (31.7)
Board Restricted	10,912	9,291	(1,621) (14.9)
Unrestricted	14,754	19,025	4,271 28.9
<b>Cash and investments and non-current investments at end of year</b>	<b>59,625</b>	<b>51,505</b>	<b>(8,120) (13.6)</b>





## FINANCIAL PLAN TEMPLATE

REGION: Alberta Cancer Board - (REVISED)

## STATEMENT OF FINANCIAL POSITION (in thousands)

**ASSETS**

## Current:

Cash and investments	20,427	15,718
Accounts receivable	7,085	5,000
Contributions receivable from Alberta Health and Wellness	4,075	2,000
Inventories	6,098	7,000
Prepaid expenses	1,798	1,977

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39,48331,695

## Non-current cash and investments

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39,19835,787

## Capital assets

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135,680149,487

## Other assets

**TOTAL ASSETS**


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214,361216,969

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**LIABILITIES AND NET ASSETS**

## Current:

Bank indebtedness	0	0
Accounts payable and accrued liabilities	26,351	27,000
Accrued vacation pay	5,927	6,500
Deferred contributions	21,061	21,426

## Current portion of long-term debt

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53,33954,926

## Deferred contributions HAPI

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12,9281,763

## Deferred capital contributions

## Long-term debt

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118,884126,070

## Unamortized external capital contributions

## Other liabilities

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131,812127,833

## Net assets:

Accumulated surplus/(deficit)	12,414	10,793
Investment in capital assets from internally funded sources	16,796	23,417
Operating net assets	29,210	34,210

## Endowments

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29,21034,210
**TOTAL LIABILITIES AND NET ASSETS**


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214,361216,969

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FINANCIAL PLAN TEMPLATE -

REGION: Alberta Cancer Board - REVISED

STATEMENT OF CHANGES IN NET ASSETS (in thousands)

	2005-06 Budget					2004-05 Preliminary Actual (Unaudited)
	Accumulated surplus/(deficit)	Investment in capital assets from internally funded sources	Total Operating	Endowments	Total 2005-06 Budget	2004-05 Actual Total (Unaudited)
Excess (deficiency) of revenue over expense	5,000		5,000		5,000	5,718
Endowment contributions			-		-	
Capital assets purchased with internal funds	(10,621)	10,621	-		-	
Amortization on internally funded capital assets	4,000	(4,000)	-		-	
Repayment of long-term debt used to fund capital assets		-	-		-	
Other-External Contributions			-		-	(34)
Net change	(1,621)	6,621	5,000	-	5,000	5,684
Balance at beginning of year	12,414	16,796	29,210	-	29,210	23,526
Balance at end of year	10,793	23,417	34,210	-	34,210	29,210



# FINANCIAL PLAN TEMPLATE

REGION: Alberta Cancer Board - REVISED

STATEMENT OF CASH FLOWS (in thousands)

	2004-05 Preliminary Actual (Unaudited)	2005-06 BUDGET
Cash generated from (used by):		
Operating activities:		
Excess (deficiency) of revenue over expenses	5,718	5,000
Non-cash transactions:		
Amortization of capital equipment - internally funded	3,094	4,000
- externally funded	8,536	8,528
Amortization of facilities and improvements	4,724	4,923
Amortized external capital contributions	(13,260)	(13,451)
Loss (gain) on disposal of capital equipment	20	0
Loss (gain) on disposal of facilities and improvements	0	0
Loss (gain) on disposal of investments	0	0
Write down of capital assets	0	0
Changes in non-cash working capital account	5,709	1,938
Cash generated from (used by) operations	14,541	10,938
Investing activities:		
Purchase of investments	(13,154)	(13,000)
Purchase of capital assets:		
internally funded	(4,872)	(10,621)
externally funded - equipment	(10,117)	(12,084)
externally funded - facility and improvements	(3,222)	(8,553)
Proceeds on sale of investments	11,722	11,500
Allocations to non-current cash	(4,466)	4,911
Contributed assets put into service		
Cash generated (used by) investing activities	(24,109)	(27,847)
Financing activities:		
Capital contributions received	21,506	12,200
Endowment contributions received		
Principal payments on long term debt		
Proceeds from long term debt		
Cash generated financing activities	21,506	12,200
Increase (decrease) in cash and temporary investments	11,938	(4,709)
Cash and investments, beginning of year	8,489	20,427
Cash and investments, end of year	20,427	15,718
Non-current cash and investments at end of year	39,198	35,787
Total cash, investments and non-current investments at end of year	59,625	51,505
Additional information:		
(1) Non-cash working capital balance at end of period	(35,060)	(39,726)
(2) Total cash, investments and non-current investments are comprised of:		
Externally Restricted	33,959	23,189
Board Restricted	10,912	9,291
Unrestricted	14,754	19,025
	59,625	51,505





# FINANCIAL PLAN TEMPLATE

REGION: Alberta Cancer Board - REVISED

CAPITAL EQUIPMENT PLAN (in thousands)

	2004-05 Preliminary Actual (Unaudited)	2005-06 BUDGET
<b>Net Book Value 2004-05</b>		
Cost at beginning of year	110,202	130,071
Acquisitions	21,727	22,705
Disposals	(1,858)	
Sub Total - Cost	130,071	152,776
Accumulated Amortization at beginning of year	59,398	68,988
Amortization - current year	11,428	12,528
Amortization on disposal	(1,838)	
Sub Total - Amortization	68,988	81,516
Net Book Value	61,083	71,260
<b>Proposed Acquisitions</b>		
Capital equipment replacement ( Non Federal Funding)	2,128	11,164
Information Systems - expansion and refreshment	4,478	5,780
Specific initiatives equipment needs (Non Federal Funding)	13,318	3,961
Federal equipment program	1,803	1,800
Total Acquisitions	21,727	22,705
Equipment replacement measure - Total Acquisitions minus current year amortization (If negative please explain)	10,299	10,177
<b>Expected Funds Available</b>		
From current operating surplus	2,249	9,000
Set aside in earlier years	3,066	2,000
Restricted contributions from Alberta Health and Wellness		
- Federal Equipment Program	1,803	1,800
- Non Federal Equipment Program	3,524	2,476
Restricted contributions from other sources	11,085	7,429
Total Funds Available	21,727	22,705
Surplus (shortfall) in available funds	-	-
<b>Shortfall To Be Financed By:</b>		
Short-term borrowings		
Other financing arrangement		
Long-term debt		
Total borrowing for capital equipment	-	-



2005 06

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